## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together

applicable fee(s), to: Mail

Mail Stop ISS FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| appropriate. All further cor<br>indicated unless corrected to<br>maintenance fee notification                                                                                                                                                                                                                                                                                                                                                       | pelow or directed otherwise                                | Patent, advance or<br>in Block 1, by (a | ders and notif<br>) specifying a                                                                                                                                                                                                                                                                                                    | ication of maintenance fees v<br>new correspondence address   | will be mailed to the current; and/or (b) indicating a sep                                                                                                                                                                                                         | correspondence address as arate "FEE ADDRESS" for |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| 26111 75<br>STERNE, KESSI<br>1100 NEW YORK                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            | & FOX/FIDO                              | PECC                                                                                                                                                                                                                                                                                                                                | have its own certificat                                       | mailing can only be used fais certificate cannot be used all paper, such as an assignme of mailing or transmission.  rtificate of Mailing or Transis Fee(s) Transmittal is bein with sufficient postage for fail Stop ISSUE FEE address PTO (703) 746-4000, on the | smission                                          |
| WASHINGTON, DC 20005                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                         |                                                                                                                                                                                                                                                                                                                                     | transmitted to the USF                                        | TO (703) 746-4000, on the                                                                                                                                                                                                                                          |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            | Em                                      | " BAKE                                                                                                                                                                                                                                                                                                                              |                                                               |                                                                                                                                                                                                                                                                    | (Depositor's name)                                |
| +                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                         | TRADEMAP                                                                                                                                                                                                                                                                                                                            |                                                               |                                                                                                                                                                                                                                                                    | (Signature)                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                                         |                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                                                                                                                                                                                                                                    | (Date)                                            |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                     | FILING DATE                                                | FIRST NAMED I                           |                                                                                                                                                                                                                                                                                                                                     | INVENTOR                                                      | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                | CONFIRMATION NO.                                  |
| 10/767,424                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01/30/2004                                                 |                                         | Ralph A.                                                                                                                                                                                                                                                                                                                            | Duncan                                                        | 1875.1210005                                                                                                                                                                                                                                                       | 4531                                              |
| FITLE OF INVENTION: M                                                                                                                                                                                                                                                                                                                                                                                                                               | ETHOD FOR TUNING A                                         | CORNER FREQUI                           | ENCY OF A L                                                                                                                                                                                                                                                                                                                         | OW PASS FILTER                                                |                                                                                                                                                                                                                                                                    |                                                   |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                         | SMALL ENTITY                                               | ISSUE FEE                               |                                                                                                                                                                                                                                                                                                                                     | PUBLICATION FEE                                               | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                   | DATE DUE                                          |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO                                                         | \$1400                                  |                                                                                                                                                                                                                                                                                                                                     | \$300                                                         | \$1700                                                                                                                                                                                                                                                             | 05/04/2005                                        |
| EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            | ART UNIT                                |                                                                                                                                                                                                                                                                                                                                     | CLASS- SUBCLASS                                               | ]                                                                                                                                                                                                                                                                  |                                                   |
| CUNNINGHA                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2816                                                       |                                         | 327-558000                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                                    |                                                   |
| <ul> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ul>                                                                            |                                                            |                                         | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                               |                                                                                                                                                                                                                                                                    |                                                   |
| 3. ASSIGNEE NAME AND                                                                                                                                                                                                                                                                                                                                                                                                                                | RESIDENCE DATA TO B                                        | E PRINTED ON T                          | HE PATENT                                                                                                                                                                                                                                                                                                                           | (print or type)                                               |                                                                                                                                                                                                                                                                    |                                                   |
| PLEASE NOTE: Unless recordation as set forth in                                                                                                                                                                                                                                                                                                                                                                                                     | an assignee is identified be 37 CFR 3.11. Completion       | elow, no assignee of this form is NO    | data will appe<br>Γa substitute fo                                                                                                                                                                                                                                                                                                  | ar on the patent. If an assign or filing an assignment.       | nee is identified below, the o                                                                                                                                                                                                                                     | locument has been filed for                       |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                                         |                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                                                                                                                                                                                                                                    |                                                   |
| Broadcom Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                         | Irvine, California                                                                                                                                                                                                                                                                                                                  |                                                               |                                                                                                                                                                                                                                                                    |                                                   |
| Please check the appropriate assignee category or categories (will not be printed on the patent):                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                         |                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                                                                                                                                                                                                                                    |                                                   |
| a. The following fee(s) are enclosed:  4b. Payment of Fee(s):                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                                         |                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                                                                                                                                                                                                                                    |                                                   |
| ☐ Issue Fee ☐ A check in the amount of the fee(s) is enclosed.                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |                                         |                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                                                                                                                                                                                                                                    |                                                   |
| Publication Fee (No small entity discount permitted)  Advance Order - # of Copies3                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                                         |                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                                                                                                                                                                                                                                    |                                                   |
| Deposit Account Number (enclose an extra copy of this form).                                                                                                                                                                                                                                                                                                                                                                                        |                                                            |                                         |                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                                                                                                                                                                                                                                    |                                                   |
| ~ ` .                                                                                                                                                                                                                                                                                                                                                                                                                                               | (from status indicated above<br>MALL ENTITY status. See 3  | •                                       | b. Applica                                                                                                                                                                                                                                                                                                                          | nt is no longer claiming SMA                                  | LL ENTITY status. See 37 C                                                                                                                                                                                                                                         | FR 1.27(g)(2).                                    |
| The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. |                                                            |                                         |                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                                                                                                                                                                                                                                    |                                                   |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                         |                                                                                                                                                                                                                                                                                                                                     | <b>03/16/</b><br>Date                                         | 2885 JAPPO2 58888853                                                                                                                                                                                                                                               | 10767424                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ason D. Eisenberg                                          |                                         |                                                                                                                                                                                                                                                                                                                                     | Registration                                                  |                                                                                                                                                                                                                                                                    | 1400,80 OP                                        |
| his collection of information application. Confidentiali                                                                                                                                                                                                                                                                                                                                                                                            | n is required by 37 CFR/1.3<br>by is governed by 35 U.S.C. | 1/1. The information 122 and 37 CFR 1   | n is required to                                                                                                                                                                                                                                                                                                                    | obtain or retain a benefit by tection is estimated to take 12 | he public which is to file (an<br>minutes to complete, includi                                                                                                                                                                                                     | d by the USPTO to process)                        |

an application. Confidentially is governed by 35 0.5.C. 122 and 37 CFR. 1.14. Inis collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, appreparing to the amount of time you attributed themplete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patelit and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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March 14, 2005

Mail Stop Issue Fee

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Re:

Allowed U.S. Utility Patent Application

Appl. No. 10/767,424; Filed: January 30, 2004

For: Method for Tuning a Corner Frequency of a Low Pass Filter

Inventors:

Duncan et al.

Our Ref:

1875.1210005

Sir:

In response to the Notice of Allowance and Issue Fee Due dated February 4, 2005, the following documents are forwarded for appropriate action by the U.S. Patent and Trademark Office:

- Issue Fee Transmittal (Form PTOL-85B); 1.
- 2. PTO-2038 Credit Card Payment Form for \$1,709 to cover:

\$1,400.00 Issue Fee;

\$9.00 Advance copies of patent; and

\$300.00 Publication Fee.

3. Return postcard.

It is respectfully requested that the attached postcard be stamped with the date of filing of these documents, and that it be returned to our courier.

Sterne, Kessler, Goldstein & Fox PLLC.: 1100 New York Avenue, NW: Washington, DC 20005: 202.371.2600 f 202.371.2540: www.skgf.com

Commissioner for Patents March 14, 2005 Page 2

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036. If extensions of time under 37 C.F.R. § 1.136 other than those otherwise provided for herewith are required to prevent abandonment of the present patent application, then such extensions of time are hereby petitioned, and any fees therefor are hereby authorized to be charged to our Deposit Account No. 19-0036.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.

Jason D. Eisenberg

Attorney for Applicants Registration No. 48,447

JDE/k-b Enclosures

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